

Work Order ID 83153

83153

Page 1

April-13-12 10:35:00 AM

Item ID: D412-724-044

Accept

N900040100

Setup Start ***NS1***

Revision ID:

Item Name: Head Rest Assembly, RH

Stop ***NS2***

Start Date: 13/04/2012 Start Qty: 1.00 ***1***

Cust Item ID:

Required Date: 27/04/2012 Req'd Qty: 1.00 ***1***

Customer:

Reference:

Approvals: Process Plan: MLJ Date: 12/04/13

Tooling:

Date:

Run Start ***NR1***

QC: Date:

SPC (Y/N):

Date:

Stop ***NR2***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
Draw Nbr	Revision Nbr								
N/A	Rev N/A								
100		0.00							
100	DOCUMENT CONTROL								
DC	Memo	0.00							
Document Control	If D412-724-044 is a W/O on it's own, Photocopy bluefile and create labels per PPP D412-724-044 CHG001								
110	Pick Kit	0.00							
110									
Packaging	Memo	0.00							
Packaging									
120	QC4- 100% Inspect kits for completeness	0.00							
120									
QC	Memo	0.00							
Quality Control									

1 Jof mls 13-2-1

DAS 13/2/14
06
8-68

13/2/14 (1)

1

W/O:		WORK ORDER CHANGES						
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector	

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries

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83153

Page 2

April-13-12 10:35:00 AM

Item ID: D412-724-044

Accept

N900040100

Setup Start

NS1

Revision ID:

Stop

NS2

Item Name: Head Rest Assembly, RH

Start Date: 13/04/2012 Start Qty: 1.00

1

Cust Item ID:

Required Date: 27/04/2012 Req'd Qty: 1.00

1

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

130

0.00

130

Packaging

Packaging

Memo

0.00

Packaging

Identify and pack for shipping as per PPP D412-724-044 Location: 022 PPP Rev: A

to

DAS
06
9-89

13/2/14

140

QC21- Final Inspection - Work Order Release

0.00

140

QC

Memo

0.00

Quality Control

13/2/5

pl 13-2-4

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
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NOTE: Date & initial all entries

Picklist Print

April-13-12 10:35:04 AM

Page 1

Work Order ID: 83153

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Parent Item: D412-724-044

D412-724-044

Parent Item Name: Head Rest Assembly, RH

Start Date: 13/04/2012

Required Date: 27/04/2012

Start Qty: 1.00

Required Qty: 1.00

Comments: IPP Rev:A04.09.08New IssueKJ/JLM

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
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AN525-10R6

Purchased

No

120

Each

165.0000

4

4

AN525-10R6

Screw

**

m122814

[Handwritten signature]

Location

Loc Qty

Loc Code

ST345

139

120308

14

120833

25

120910

100

ST346

26

118757

23

119309

3

D3303-041

Manufactured

No

120

Each

1.0000

1

1

D3303-041

Head Rest

**

86823 7835

[Handwritten signature]

Location

Loc Qty

Loc Code

ST186

1

73224

1

D3304-044

Manufactured

No

120

Each

6.0000

1

1

D3304-044

Tube Assembly

**

54443

[Handwritten signature]

Location

Loc Qty

Loc Code

ST186

6

54443

6

[Handwritten signature]

[Handwritten signature]

[Handwritten signature]

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

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